

State of Washington Application for a Water Right

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Please follow the attached instructions to avoid unnecessary delays.

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ity QUILCEN	State(J)	9 Zip+4 <u>983</u>	76 +9723 FAX	:()	
Section 2. CO Same as abo		SON TO CAI	LL ABOUT THI	E APPLIC	CATION
lame			Home Tel:()	
					-
City	State	Zip+4	+FAX	()	
telationship to applic	ant				
Cubic feet per secourpose(s) of Domes DESCRIPTION OF ot sufficient. Estimate a maximum Check if the vineeded: From Section 4. WA If SURFACE WA Name the water sou lake, etc. If unname	THE PLACE OF U annual quantity to be water use is proposed TER SOURCE	the water source on	ground water so ground water s	parcel number	only one) for the TTACH A "LEGAL" ber or a plat number is me that the water will b
Number of diversions: Source flows into (name of body of water): TARBOO CREEK			Size & depth of well(s):		
LOCATION					
nearest section cor	ner:		from the point of di	alu 10	mes \$ 6 20
Enter the north-so	ner:	e oz the	South Qua	If location	mes \$ 6 20
Enter the north-so nearest section cor	mer: / +300 ^ 8	ship Range(E/W)	South Qua	If location	of source is platted, complet

ECY 040-1-14 Rev. 9/95 F **APPLICATION**

Appl. No.: 8 2-2 9446

Α.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.) OOMESTIC SUPPLY FOR TWO HOUSEHOLDS IRRIGATION FOR 3 ACRES OF CHRISTMAS TREES STOCK WATERING LAWN AND NOW-COMMERCIAL GARDEN WATERING
C.	Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO PROVIDE DOCUMENTATION.
Sec (Ca	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
Α.	Number of "connections" requested: 2 Type of connection Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	iplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
Sec (Ca	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 13
В.	List total number of acres for other specified agricultural uses:
	Use GARDEN / LA LON Acres / ½ Use Acres Use Acres
C.	Total number of acres to be covered by this application: 9.58
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	1. Is the combined acreage greater than 2000 acres? 2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ▼ NO ☐ YES ▼ NO ☐ YES ▼ NO
E.	Farm uses: Stockwater - Total # of animals 6 Animal type CATTLE (If dairy cattle, see below) Dairy - # Milking # Non-milking



Will you be using a dam, dike, or other structure to retain or store water?

□ YES ጆ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

SEE MAP PROVIDED

Section 10. REQUIRED MAP

Α.	Attach a map of the project. (See instructions.)
Se	ction 11. PROPERTY OWNERSHIP
Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
В.	Does the applicant own the land on which the water source is located? □ YES Ø NO If no, submit a copy of agreement:
orde and	tify that the information above is true and accurate to the best of my knowledge. I understand that in r to process my application, I grant staff from the Department of Ecology access to the site for inspection monitoring purposes. Even though I may have been assisted in the preparation of the above application by employees of the Department of Ecology, all responsibility for the accuracy of the information rests with
Appl	icant for authorized representative) Jew E. Dickelson 24 NOV 96 24 NOV '96
	owner for place of use (if same as applicant, write "same") Date
ع مارگ	South 10 acres of the 5E'14 SE'14 Except le Red & cept that Portion deservaed ass:
B xli 32	egenning at the SE corner of Said 10 acres theme North, oncy the East line thereof, 150 feet thomes west of the South feet there south westerly to a point of the South as thereof 213 feet west of the POB. Hence East, ner paul South line, 213 feet to the POB.
lin Lo	mer paul South line, 213 feet West of the POB. Hence East,

We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your ap(date).	pplication by
Ecology staff Date	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).